

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS					
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC 2776; DoD Directive 7200.11; EO 9397. PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.			ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.		
1. DATE INITIATED (YYYYMMDD) 20020824		2. INQUIRY/INVESTIGATION NUMBER 06-115F		3. DATE LOSS DISCOVERED (YYYYMMDD) 20020808	
4. NATIONAL STOCK NO. 1005-01-086-1400 (G96797) RICC 2	5. ITEM DESCRIPTION Gun Automatic, 25 Millimeter, M242 (ECOD \$1.644.33)		6. QUANTITY 1	7. UNIT COST 48,203.00	8. TOTAL COST 48,203.00
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED
On 8 August 2002, F Company, 1-15th CAV was conducting Bradley Table VI at Genson Mountain Multi-Use Range. The 25 MM gun mounted on B7, a Bradley Fighting Vehicle, exploded in the turret, causing the gun barrel to separate from the receiver. Continued on continuation sheet.					
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)					
Will increase training on the proper care and maintenance of damaged weapon.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) F Co, 1-15th Armored Cav Fort Hook, TX 45678-3004		b. TYPED NAME (Last, First, Middle Initial) Huffman, David K., 1LT, CAV, XO		c. DSN NUMBER 987-5003	
		d. SIGNATURE <i>David K. Huffman</i>		e. DATE SIGNED 20020825	
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS The damage to the 25 MM gun on B7 was caused by one of the following: 1. Crew error in not locking the gun barrel to the receiver. 2. The feeder was not timed properly.			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) F Co, 1-15th Armored Cav Fort Hook, TX 45678-3004		d. TYPED NAME (Last, First, Middle Initial) Valentine, Dale C., CPT, CAV, Commanding		e. DSN NUMBER 987-6003	
		f. SIGNATURE <i>Dale E. Valentine</i>		g. DATE SIGNED 20020827	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <i>FBO III</i> <i>28 Aug 02</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Figure 13-13. Sample DD Form 200 when an AR 15-6 investigating officer will be appointed (blocks 1 through 13c)